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APPLICANTS

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**** CONTINUING DATA ******* *RS* 12/18/06

**** FOREIGN APPLICATIONS ******* *RS* 12/18/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/14/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	5	149	21
Verified and Acknowledged	<i>Richard Shelly</i> Examiner's Signature	<i>RS</i> Initials			

ADDRESS

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TITLE

Orthopaedic fixation pin extraction

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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